

DEPARTMENT OF HUMAN SERVICES, ALCOHOL AND DRUG ABUSE DIVISION
PROBLEM GAMBLING TRAINING SCHOLARSHIP APPLICATION

Clinicians who wish to be a problem gambling treatment provider must take a Minnesota approved sixty hour training. The Minnesota Problem Gambling Program offers a scholarship to eligible applicants to help defray the costs of the training. To be approved as a scholarship recipient you must:

1. be a fully licensed counselor as an alcohol and drug treatment counselor,
2. a psychologist, a social worker,
3. a marriage and family therapist,
4. or as psychiatric nurse.

Exceptions to the licensing requirement may be made on a case by case basis for individuals serving an underserved population. Please contact Helen Ghebre at (651) 431-2245 if you have questions regarding this requirement.

At this time, Minnesota has one training option available for the required sixty hour Problem Gambling Treatment Training. The current scholarship reimbursement is: \$906.50 to an individual taking training from North American Training Institute (218) 722-1503. The cost of this course is \$1,295.00 and is offered via the internet. This list contains all of the forms that must be returned to DHS to complete your application for a scholarship.

Clinician interested in receiving a scholarship must be pre-approved by the Department of Human Services, Alcohol and Drug Abuse Division, Problem Gambling Program. Scholarship applications must be submitted to:

Department of Human Services,
Alcohol and Drug Abuse Division
Problem Gambling Program
P.O. Box 64977
St. Paul, MN 55164-0977
Attention: Problem Gambling Training Scholarship

Questions regarding the training scholarship application maybe directed to Trevor Urman at (651) 431-2231 - trevor.urman@state.mn.us.

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Applicant Information

1. Name of Applicant:			
First Name:		Last Name:	
2. Applicant Type:			
Independent [Mental Health Professional with Clinical License] <input type="checkbox"/>			
Agency [LADC or Mental Health Practitioner working under Licensed Program] <input type="checkbox"/>			
3. Applicant Education Degree:			
Degree:			
4. Credential Type: Provide copies of professional license(s) and certificate(s)			
1. <input type="checkbox"/> LADC			
2. <input type="checkbox"/> MH practitioner - MS 245.462, subd 17, no BA			
3. <input type="checkbox"/> MN professional - MS 245.462., subd 18			
Note: Types 1 and 2 requires supervision by a qualified supervisor			
5. Supervision Plan: (If applicable)			
6. Clinical Supervisor Name and Credentials:			
7. Clinical Supervisor Address:			
Street Address:			
City	State	Zip Code	County
Clinical Supervisor Phone #		e-mail Address:	
9. Business Name of Applicant:			
10. Business Address of Applicant:			

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1. Name of Applicant:			
Street Address:			
City:	State:	Zip Code:	County:
Type of office: home office <input type="checkbox"/> business office <input type="checkbox"/>			
Phone Number:		Fax Number:	
Email Address:			
Social Security Number:		State Tax #:	
11. Date planned to enroll in the training program:			
12. Date of anticipated completion of training program:			
13. I certify that the information provided on this form is true and correct. I will notify DHS Compulsive Gambling Program of any additions or changes to this information as necessary.			
Applicant Name: (please print)	Applicant Signature:	Date:	

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DHS USE ONLY:

IS APPLICANT PRE-APPROVED FOR SCHOLARSHIP? YES NO

IF YES, AMOUNT APPROVED: \$ _____

EXPLANATION:

Staff Name (please print)

Staff Signature and Date